

Verification Of Employment Letter

With reference to the Los Angeles County EMS Agency, Prehospital Care Reference No. 414, Registered Nurse/Respiratory Specialty Care Transport Provider, this Verification of Employment letter is for:

_____ RN / RCP **(circle applicable title)**.
(print or type name)

The above-named person is/was employed more than 96 hours per year in:

- ☐ Emergency Department
- ☐ ICU/CCU
- ☐ Other Critical Care Area: (Specify) _____

Employment Status: ☐ Full Time ☐ Part Time ☐ Per Diem ☐ Other _____

Date of Hire: _____

Date of Termination: _____

RN / RCP / Human Resource Manager (print)

RN / RCP / Human Resource Manager
(signature)

(_____) _____
RN / RCP / Human Resource Manager Telephone Number

Hospital Name and Address

RN / RCP Name (print)

RN / RCP (signature)

Date